

Amendment and Response

Applicant: Jeffrey W. Chambers

Serial No.: 10/812,250

Filed: March 29, 2004

Docket No.: C364.105.101

Title: STENT POSITIONING SYSTEM AND METHOD

IN THE CLAIMS

Please amend claim 28 as follows:

1. – 27.(Cancelled)

28.(Currently Amended) A method of deploying an intravascular stent within a patient, the method comprising:

delivering a distal end of a guiding catheter adjacent an ostium of a vessel to be stented;
guiding a deployment site locator in a collapsed state through the delivered guiding catheter, the deployment site locator including a base and a plurality of rods affixed to the base;

extending the plurality of rods from the distal end of the delivered guiding catheter such that the plurality of rods transition from the collapsed state to an expanded state in which the plurality of rods expand relative to one another to collectively define a maximum outer dimension greater than a maximum dimension of the ostium;

determining a position of the ostium by contacting bodily structures of the patient apart from the vessel and immediately proximate the ostium with at least one of the plurality of rods and the deployment site locator in the expanded state;

delivering a stent through the guiding catheter to a desired stent location, wherein the desired stent location is based upon the determined position of the ostium;

deploying the stent at the desired stent location; and

withdrawing the deployment site locator from the patient.

29.(Original) The method of claim 28, wherein the stent is fixed relative to the deployment site locator such that the stent is delivered at a fixed distance from the deployment site locator to the desired stent location following determination of the position of the ostium.

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30.(Original) The method of claim 28, wherein delivering the stent to the desired stent location includes determining the position of the stent and the deployment site locator by a visual indication and adjusting the position of the stent relative to the deployment site locator such that the stent is delivered to the desired stent location.

31.(Previously Presented) The method of claim 30, wherein the visual indication includes x-ray imaging.

32.(Original) The method of claim 30, wherein adjusting the position of the stent relative to the deployment site locator includes visually confirming that at least one radio-opaque marker associated with the stent is aligned with at least one radio-opaque marker associated with the deployment site locator.

33.(Original) The method of claim 28, wherein the vessel to be stented is a coronary artery and the vascular structures proximate the ostium include an aorta wall.

34.(Previously Presented) The method of claim 28, wherein the desired stent location is such that a proximal end of the stent is located at the ostium of the vessel to be stented.

35.(Previously Presented) The method of claim 28, further comprising delivering a guide wire into the vessel to be stented via the guide catheter, and wherein guiding the deployment site locator through the guide catheter includes guiding the deployment site locator over the guide wire to the ostium of the vessel to be stented.

36.(Original) The method of claim 35, wherein delivering the stent includes guiding a stent delivery device over the guide wire and through the deployment site locator into the vessel to be stented.

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37.(Original) The method of claim 28, wherein each one of the plurality of rods is configured to extend outward radially to contact the vascular structures proximate the ostium.

38.(Original) The method of claim 28, wherein extending the plurality of rods from the distal end of the guide catheter further includes transitioning the deployment site locator from a collapsed state to an expanded state, and further wherein the expanded state includes a distal portion of each of the plurality of rods being spaced substantially farther away from one another than in the collapsed state.

39.(Original) The method of claim 38, wherein the plurality of rods extend away from one another in the expanded state and are substantially parallel in the collapsed state.

40.(Original) The method of claim 38, wherein transitioning the deployment site locator from a collapsed state to an expanded state is accomplished via spring action by loading and unloading the plurality of rods.

41.(Previously Presented) The method of claim 38, wherein the stent remains in the desired location upon withdrawing of the deployment site locator from the patient.